



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 05/10/2006

Business ID: 547929

William M. Gardner

Secretary of State

THE DWIGHT DAVIS GROUP, INC

PO BOX 324

NEWFIELDS, NH 03856

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 324

NEWFIELDS, NH 03856

REGISTERED AGENT AND OFFICE:

CARREL, EARL S, ESQ

116 LOWELL ST, PO BOX 516

MANCHESTER, NH 03105

ENTITY TYPE: CORPORATION

BUSINESS ID: 547929

STATE OF DOMICILE: NEW HAMPSHIRE

BUSINESS CONSULTING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Gayle Spence Luacaw

STREET PO Box 324

CITY/STATE/ZIP Newfields NH 03856

V-PRES. Dwight Eugene Davis

STREET PO Box 324

CITY/STATE/ZIP Newfields NH 03856

SEC'Y. Earl S. Carrell, Esq

STREET 116 Lowell Street, PO Bos 516

CITY/STATE/ZIP Manchester NH 03105

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Dwight Eugene Davis

STREET PO Box 324

CITY/STATE/ZIP Newfields NH 03856

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Gayle Spence Luacaw

Please print name and title of signer:

Gayle Spence Luacaw

/

PRESIDENT

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529